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APR 18 2008

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1473

7590

01/29/2008

**ROPES & GRAY LLP**  
**PATENT DOCKETING 39/361**  
**1211 AVENUE OF THE AMERICAS**  
**NEW YORK, NY 10036-8704**

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|                       |                    |
|-----------------------|--------------------|
| <u>Sarah Schlie</u>   | (Depositor's name) |
| <u>Sarah Schlie</u>   | (Signature)        |
| <u>April 18, 2008</u> | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

10/501,029

07/25/2005

Zita Jegesne Csakai

CYTRX/016

3625

TITLE OF INVENTION: CARBOXAMIDINE DERIVATIVES AND THEIR USE IN THE TREATMENT OF VASCULAR DISEASES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|

nonprovisional

YES

\$720

\$300

04/21/2008 NGUYEN2 00000076 061075 04/21/2008

| EXAMINER      | ART UNIT | CLASS-SUBCLASS |
|---------------|----------|----------------|
| HABTE, KAHSAI | 1624     | 514-222500     |

01 FC:2501  
02 FC:1504720.00 DA  
300.00 DA

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

1 Barbara A. Ruskin

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

2 Ropes & Gray LLP

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CytRx Corporation

Los Angeles, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☐ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_

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5. Change in Entity Status (from status indicated above)

#004049-0016-102

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Barbara RuskinDate April 18, 2008

Typed or printed name

Barbara A. RuskinRegistration No. 39,350

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